1615

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PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

09/774,188

Confirmation No.: 3636

Applicant

Sawatzki 3/20/01

Filed TC/A.U.

1615

Examiner Docket No.

C. L. Evans SAWA3004

Customer No.

23364

## RESPONSE TO INFORMALITY RE PAYMENT OF FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22202-3514

Sir:

This is in response to the official communication dated April 28, 2004, the period for response to which is set to expire on May 28, 2004.

The official communication indicates that the amendment filed on March 16, 2004, has not been entered because applicant failed to remit (or authorized charge to a deposit account) a fee of \$36.

In response to the notice applicant submits herewith an executed amendment transmittal form which authorizes a charge of \$36 to Deposit Account No. 02-0200. In addition the aforementioned amendment transmittal form authorizes the Commissioner to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 02-0200.

Respectfully submitted, BACON & THOMAS, PLLC

Joseph DeBenedictis

Registration No. 28,502

Date: March 15, 2004

BACON & THOMAS 625 Slaters Lane, Fourth Floor Alexandria, Virginia 22314

Phone: (703) 683-0500

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

SERIAL No.: 09/774,188

**GUNTHER SAWATZKI** 

FILED: March 20, 2001

FOR: Carbohydrates Mixture

GROUP ART UNIT: 1615

EXAMINER: C. L. Evans

ATTY. REFERENCE: SAWA3004/JDB

## **COMMISSIONER OF PATENTS**

P.O. Box 1450

Alexandria, VA 22313-1450

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Transmitted herewith is a communication/amendment in the above-identified application.

- Small entity status under 37 CFR 1.9 and 1.27 is claimed.
- No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Cla	ims	Small Entity	Full	Fee
Total Claims	22	- 20	= 2	3	× \$ 9 =	× \$ 18 =	\$36.00
Independent Claims	1	- 3	=	3	× \$ 42 =	× \$ 84 =	
☐ First Presentation of Proper Multiple Dependent Claim				+ \$140 =	+ \$280 =		
TOTAL					\$36.00		

<sup>1</sup> If less than 20 enter 20.

×	Please charge my <b>Deposit Account Number 02-0200</b> in the amount of \$\\$36.00\$. A duplicate copy of this sheet is attached.
	A check in the amount of _\$ is attached.
×	The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to <b>Deposit Account Number 02-0200</b> . A duplicate copy of this sheet is attached.
	Also enclosed is/are:

**BACON & THOMAS, PLLC** 625 SLATERS LANE - FOURTH FLOOR

ALEXANDRIA, VIRGINIA 223124-1176

23364

(703) 683-0500

DATE:

May 4, 2004

Respectfully submitted,

Jøseph DeBenedictis ttorney for Applicant

Registration Number: 28,502

<sup>&</sup>lt;sup>2</sup> If less than 3 enter 3.

<sup>&</sup>lt;sup>3</sup> If less than 0 enter 0.